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LOCAL REPRESENTATIVE TALLAHASSEE

400002751444--3
-01/22/99--01065--020
****236.25 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRUE CARE MEDICAL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

1/22

Examiner's Initials	

CR2E031(9/92)

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRUE CARE MEDICAL, INC.

Enclosed is an original one (1) copy of the articles of incorporation and check for:

_____$70.00 Filing Fee	_X_$78.75 Filing Fee & Certificate	_____$122.50 Filing Fee & Certified Copy	_____$131.25 Filing Fee & Certified Copy & Certificate

RETURN TO:

ABY PARALEGAL, INC
13780 S.W. 56TH ST #100
MIAMI, FL 33175
305-388-5050

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TRUE CARE MEDICAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2075 S.W. 27 AVENUE
MIAMI, FL 33145

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial regised agent is :

OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESIDENT
ILDELISA TORRES
4620 S.W. 89 AVENUE
MIAMI, FL 33165

VICE-PRESIDENT
OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th Day of January 1999.

Signature

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. **The name of the corporation is:**

TRUE CARE MEDICAL, INC.

2. **The name and address of the registered agent and office is:**

OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193

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TALLAHASSEE FLORIDA

Signature

15325 SW 73 Terr Cr.
Miami Fl. 33193